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1 1 2005 E		U.S.	Datast and Tra	demark	rough 07/31/2006, OMB 0651-003		
		Application Number	10/320,702				
TRANSI	NITTAL	Filing Date		January 10, 2005 Andreas Lendlein			
FOF	RM	First Named Inventor	. Andrea				
		Art Unit					
(to be used for all correspo	ndence after initial filing)	Examiner Name					
Total Number of Pages in T		Attorney Docket Number	torney Docket Number MNE 107				
		NCLOSURES (Check a	ll that apply)				
✓ Fee Transmittal For				After All	owance Communication to To		
Fee Transmittal For Fee Attache		Licensing-related Papers	Appeal Com				
Amendment/Reply		Petition		Appeal (Appeal	Communication to TC Notice, Brief, Reply Brief)		
		Petition to Convert to a Provisional Application	ŀ	Proprie	tary Information		
After Final		 Power of Attorney, Revocati 	on .	Status I	Letter		
Affidavits/de	eclaration(s)	☐ Change of Correspondence	Address	Other E	inclosure(s) (please Identify		
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Certified Copy of P	riority	Remarks					
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	SIGNATUR	RE OF APPLICANT, ATT	ORNEY, C	R AGENT			
Firm Name Pa	bst Patent Group	LLP					
Signature	Shoon						
Printed name Tiff	any B. Salmon						
Date April y , 2005			Reg. No.	55,589			
		TIFICATE OF TRANSMIS					
I hereby certify that this co sufficient postage as first of the date shown below:	orrespondence is being class mail in an envelo	g facsimile transmitted to the USI ope addressed to: Commissioner	PTO or depos for Patents, I	sited with the Un P.O. Box 1450, A	ited States Postal Service wit Alexandria, VA 22313-1450 or		
Signature	Kann	1/2 Bi-	a-				
1	1// 000	- y		Date	April/2, 2005		

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TRANSMITTAL For FY 2005

	Applicant	claims	small	entity	status.	See	37	CFR	1.2	7
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TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known				
Application Number	10/520,782			
Filing Date	January 10, 2005			
First Named Inventor	Andreas Lendlein			
Examiner Name				
Art Unit				
Attorney Docket No.	MNE 107			

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP								
For the above-identi	fied deposit	account, the Dire	ctor is hereb	y authorized to	: (check all th	at apply)		
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FEE CALCULATION							,	
1. BASIC FILING, SEAF	RCH, AND	EXAMINATION	FEES					
	FILING	FEES	SEARCH			TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	imall Entity Fee (\$)	Fees Paid	(\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250 .	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	s			-				all Entity
Fee Description						,	_	ee (\$)
Each claim over 20 or, fo							50 nt 200	25 100
Each independent claim of		or Keissues, eac	en independ	ient ciaim m	ore than in t	ne originai pater	1t 200 360	180
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims				300	100			
21 - 21 or HP =			=		Fee (\$)	Fee Paid	(\$)	
HP = highest number of total of	•	-	5 5	1.46				
Indep. Claims 2 - 3 or HP =	Extra Claims	<u>s Fee (\$)</u>	Fee Pai	<u>a (\$)</u>				
HP = highest number of indep		paid for, if greater th	han 3					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other:								
Other:								

SUBMITTED BY Registration No. Telephone (404) 879-2153 55,589 Signature (Attorney/Agent) Date April 12, 2005 Name (Print/Type) Tiffany B. Salmon

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